

FILED APR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7588

BIRTH NO. _____		REG. DIST. NO. 30		PRIMARY REG. DIST. NO. 51021		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>unknown</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fristoe</u>		c. LENGTH OF STAY (In this place) <u>2 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CH ICA 90</u>		<u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CHARLES</u>		b. (Middle) <u>C.</u>		c. (Last) <u>KIRBY</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>3</u>		(Year) <u>1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>March 2, 1866</u>	
9. AGE (In years, last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>		11. BIRTHPLACE (State or foreign country) <u>Boone County, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Charles Kirby</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Earls</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillian M. Bybee</u>		ADDRESS <u>Fristoe</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>151A</u> <u>3 yrs</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>DO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>DO</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Warsaw, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 4 1950</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>DO</u>			
22. I hereby certify that I attended the deceased from <u>Mar 10, 1950</u> , to <u>April 3, 1950</u> , that I last saw the deceased alive on <u>April 2, 1950</u> , and that death occurred at <u>7:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James A. Logan</u>				23b. ADDRESS <u>Warsaw, Mo.</u>		23c. DATE SIGNED <u>4-3-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April 5, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fristoe Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fristoe, Benton, MO</u>	
DATE REC'D BY LOCAL REG. <u>Apr 4 1950</u>		REGISTRAR'S SIGNATURE <u>James A. Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Reser</u>		ADDRESS <u>Warsaw</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 20 1955

RECEIVED

District Health Officer No.

District File Number 3-50-3

Date Filed 4-10-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.